## 1503-139-4440

**FEC** FORM 1

Only

## STATEMENT OF **ORGANIZATION**

RECEIVED

			2015 FE@	ide Úse přivlí: 51
NAME OF     COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5C M	AIL CENTER
The Committee	ele itionieller	t Tiolhin Wole	<u>d                                    </u>	
ADDRESS (number and street)	BI GISOWELLS	<u>,†, , , , , , , , , , , , , , , , , , ,</u>		
(Check if address is changed)		<u> </u>		
	Figure Harvie		STATE A	ZIP CODE ▲
COMMITTEE'S E-MAIL ADDRE	SS			
(Check if address is changed)	Optional Second E-Mail Add		_	•
COMMITTEE'S WEB PAGE ADI  (Check if address is changed)	DRESS (URL)			
2. DATE 0 2 '0.	3 2015			
3. FEC IDENTIFICATION NUMBER ► COOSTOLAT				
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined th	nis Statement and to the best	t of my knowledge and belief it	is true, correct and	complete.
Type or Print Name of Treasure	Brennya	Molloy (Gagne	on)	
Signature of Treasurer	mys Mollog		Date <u>U2</u>	03/2015
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.  ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.				
Office Use		For further information co Federal Election Commission Toll Free 800-424-9530		FEC FORM 1 (Revised 06/2012)

Local 202-694-1100